

EXHIBIT B

**SCHEDULE B
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

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OMB No. 1210-0110

2006

This Form Is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2006 or fiscal plan year beginning _____ and ending _____

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CENTRAL STATES, SE AND SW AREAS PENSION PLAN		B Three-digit plan number ... ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ TRUSTEES OF CENTRAL STATES PENSION FUND		D Employer Identification Number 36-6044243
E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer (2) <input type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer		F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month <u>01</u> Day <u>01</u> Year <u>2006</u>	
b Assets:	
(1) Current value of assets	b(1) 19296329000
(2) Actuarial value of assets for funding standard account	b(2) 18183836000
c (1) Accrued liability for plans using immediate gain methods	c(1) 33344298000
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE***[Signature]*

Signature of actuary

DARREN FRENCH, ASA

Type or print name of actuary

BUCK CONSULTANTS, AN ACS COMPANY

Firm name

500 PLAZA DRIVE

SECAUCUS

NJ

07096-1533

Address of the firm

9/20/2007

Date

G

05-04773

Most recent enrollment number

201-902-2662

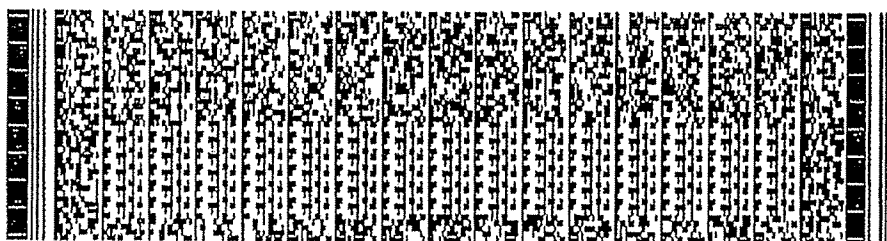
Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,
check the box and see instructions. ☐

For Paperwork Reduction Act Notice and OMB Control Numbers;
see the instructions for Form 5500 or 5500-EZ.

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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	41794504000
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	635163000
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	2608557000

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	19296329000	
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments		208666	24916264000	24916264000
(2) For terminated vested participants		86213	2579739000	2674029000
(3) For active participants		156744	12275266000	14204211000
(4) Total		451623	39771269000	41794504000
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage.		2c		46.17 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

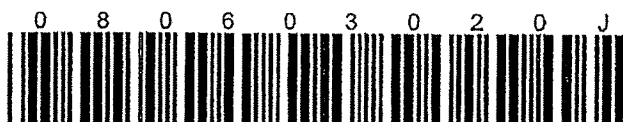
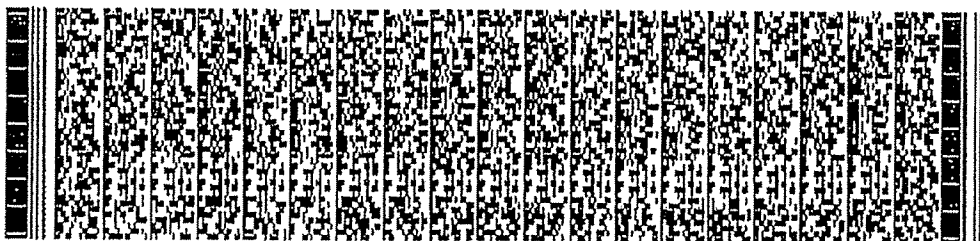
(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
01/15/2006	84634000		09/15/2006	113773000	
02/15/2006	105935000		10/15/2006	142878000	
03/15/2006	106014000		11/15/2006	117320000	
04/15/2006	101629000		12/15/2006	117633000	
05/15/2006	126086000		01/15/2007	47954000	
06/15/2006	107464000				
07/15/2006	106174000				
08/15/2006	128183000				
3 Totals			(b)	1405677000	(c)
					0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	%
b If line 4a is less than 100%, see instructions, and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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- 5 Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a ☐ Attained age normal b ☐ Entry age normal c ☒ Accrued benefit (unit credit)
- d ☐ Aggregate e ☐ Frozen initial liability f ☐ Individual level premium
- g ☐ Individual aggregate h ☐ Other (specify) _____
- i Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No
- k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month _____ Day _____ Year _____

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 5.77 % ☐ N/A

b Weighted average retirement age **6b** 61 ☐ N/A

c Rates specified in insurance or annuity contracts... ☐ N/A **6c** Pre-retirement Post-retirement

	Yes	No	Yes	No
d Mortality table code for valuation purposes:				
(1) Males	d(1) 9		9	
(2) Females	d(2) 9		9	
e Valuation liability interest rate	6e 8.00 %		8.00 %	<input type="checkbox"/> N/A
f Expense loading	6f 8.5 %		0.0 %	<input type="checkbox"/> N/A
g Annual withdrawal rates:				
(1) Age 25	g(1) S 40.00 %		S 40.00 %	
(2) Age 40	g(2) S 40.00 %		S 40.00 %	
(3) Age 55	g(3) S 40.00 %		S 40.00 %	
h Salary scale	6h %		%	<input checked="" type="checkbox"/> N/A
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i 5.3 %			
j Estimated investment return on current value of assets for year ending on the valuation date	6j 9.9 %			

7 New amortization bases established in the current plan year:

(1) Type of Base

1
4

(2) Initial Balance

660438000
1880371000

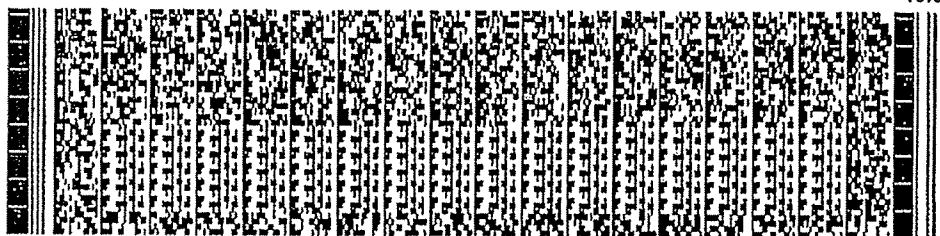
(3) Amortization Charge/Credit

71443000
154656000

8 Miscellaneous information:

- a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month 07 Day 13 Year 2005

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions **▶** _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule. ☐ Yes ☒ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any. **9a** 0

b Employer's normal cost for plan year as of valuation date. **9b** 445679000

c Amortization charges as of valuation date:

Outstanding Balance			
(1) All bases except funding waivers.	▶ (\$ 18724358000)	c(1)	1375051000
(2) Funding waivers.	▶ (\$ 0)	c(2)	0

d Interest as applicable on lines 9a, 9b, and 9c. **9d** 107292000

e Additional interest charge due to late quarterly contributions, if applicable. **9e**

f Adjusted additional funding charge from Part II, line 12q, if applicable. ☒ N/A **9f**

g Total charges. Add lines 9a through 9f. **9g** 1928022000

Credits to funding standard account:

h Prior year credit balance, if any. **9h** 3448358000

i Employer contributions. Total from column (b) of line 3. **9i** 1405677000

j Amortization credits as of valuation date. **9j** 735603000

k Interest as applicable to end of plan year on lines 9h, 9i, and 9j. **9k** 385988000

l Full funding limitation (FFL) and credits

Outstanding Balance			
(1) ERISA FFL (accrued liability FFL).	l(1) 20578859000	l(3)	0
(2) "RPA '94" override (90% current liability FFL).	l(2) 21047939000	m(1)	0
(3) FFL credit.		m(2)	0

m (1) Waived funding deficiency. **m(1)** 0

(2) Other credits. **m(2)** 0

n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2). **9n** 5975626000

o Credit balance: If line 9n is greater than line 9g, enter the difference. **9o** 4047604000

p Funding deficiency: If line 9g is greater than line 9n, enter the difference. **9p** 0

Reconciliation account:

q Current year's accumulated reconciliation account:

(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date.	q(3)(a)	3202226000
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a).	q(3)(b)	-3202226000
(4) Total as of valuation date.	q(4)	-3202226000

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable. **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☒ Yes ☐ No

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